#### WESTERN CONNECTICUT STATE UNIVERSITY

**Purchasing Department** 

Mail Address: 181 White Street

Danbury, CT 06810

Voice: (203) 837-8660

Fax: (203) 837 8659

Accounts Payable: (203) 837-8378



## **PURCHASE ORDER**

P0032379

Number:

Please show this number on all packages and documents related to this order

Issue Date: 08/02/10

INVOICES MUST BE ITEMIZED SHOWING QUANTITY, UNIT PRICE AND TOTAL. SEND INVOICES TO ATTN: ACCOUNTS PAYABLE

This order is exempt from Federal Excise Taxes under Registration No. 06-730435K and from the Connecticut State Sales Tax

#### Vendor:

SimplexGrinnell LP 80 Clark Dr Unit 5 D East Berlin CT 06023

### Ship to:

Western CT State University 181 White Street Public Safety Danbury CT 06810 ATTN: D.Schaab, P. Visentin

Requisition #:

Item	Description	Units	Unit Price	Extended Price
	Project: MDF/IDF Access Control Peripheral Install The scope and terms associated with Sealed Bid #2010-ERB-0095 issued by Western Connecticut State University and the subsequent response from SimplexGrinnell are hereby incorporated into this contract. WCSU Points of contact are: Deanna Schaab, (203)837-9318, and Ken Lynch, (203)837-9324.			
1	Bid award for all labor and materials to install (36) peripheral devices for its CCURE 800 security access control system per Bid #2010-ERB-0095.  Installation required at 36 locations throughout the Midtown and Westside Campuses.	1.00 LOT	17,400.0000	17,400.00
			=	

OB: FOB Shipping Point TE	DISCOUNT:				
Vendor ID#: 582608861	Vendor Fax#: 860-438-3259	ADDL. CHARGES:			
Purchasing Contact: Karen Muffatti	Vendor Phone#: 860-438-3200	TOTAL: CONTINUED			
Account Amount 91343-401586-745105-76000018,200.00	Account Amount	Acceptance of this order implies conformance with conditions on reverse side. Purchasing Authority. Public Acts			
		Authorized Signature: Mark A. Case M.			
ACCT. DATA	ACCT. DATA	Date: 8/3/10			

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#### Requisition #:

Item	Descript	ion	Units		Unit Price	Extended Price
	PLEASE PROVIDE a list of Simple associates that will be workin All associates will need to obto ID card.	ng on the project.				9
2	Project Manager hours		8.00	HRS	100.0000	800.00
	927					
ОВ:	FOB Shipping Point TERMS:				DISCOUNT:	.00
Vendor ID#: 582608861		Vendor Fax#: 860-438-3259		ADDL.	CHARGES:	.00
Purchasing Contact: Karen Muffatti		Vendor Phone#: 860-438	-3200		TOTAL:	18,200.00
Account Amount 91343-401586-745105-76000018,200.00		Account Amount		Acceptar condition Public A	nce of this order implie as on reverse side. Pur cts	chasing Authority:
				Authoriz Signatur		A. lase
	ACCT. DATA	ACCT. DATA	A	Dat	e: 8/3/10	